

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90138 049 ***150.00

DOCUMENT # F99000003223

1. Entity Name

~~OPTICAL NETWORKS, INCORPORATED~~ NO Name Change
ONF Systems Corp. Filed (TM) ✓

Principal Place of Business

~~166 BAYPOINT PKWY~~
SAN JOSE CA 95134

Mailing Address

~~166 BAYPOINT PKWY~~
SAN JOSE CA 95134

0110006



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5965 Silver Creek Valley Rd
 Suite, Apt. #, etc.

3. Mailing Address

5965 Silver Creek Valley Rd
 Suite, Apt. #, etc.

City & State

San Jose, CA

City & State

San Jose, CA

4. FEI Number

77-0469657

Applied For

Not Applicable

Zip
95138

Country

USA

Zip
95138

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **D. BRODS, MATTHEW**
 STREET ADDRESS **3180 RIDER TRAIL S**
 CITY-ST-ZIP **ST LOUIS MO 63044**

TITLE ☐ Delete
 NAME **D FIEBER, JON**
 STREET ADDRESS **2775 SANDHILL RD**
 CITY-ST-ZIP **MENLO PARK CA 94025**

TITLE ☐ Delete
 NAME **D COMPTON, KEVIN**
 STREET ADDRESS **2750 SAND HILL ROAD**
 CITY-ST-ZIP **MENLO PARK CA 94025**

TITLE ☐ Delete
 NAME **D MAFFEI, GREGORY**
 STREET ADDRESS **2200 SIXTH AVE., SUITE 1122**
 CITY-ST-ZIP **SEATTLE WA 98121**

TITLE ☐ Delete
 NAME **P MARTIN, HUGH**
 STREET ADDRESS **166 BAYPOINTE PKWY.**
 CITY-ST-ZIP **SAN JOSE CA 95134**

TITLE ☒ Delete
 NAME **EVPC DAVIS, CHRIS**
 STREET ADDRESS **166 BAYPOINTE PKWY**
 CITY-ST-ZIP **SAN JOSE CA 95134**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **BROSS, MATTHEW**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5965 Silver Creek Valley Rd**
 CITY-ST-ZIP **San Jose, CA 95138**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)